Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. Manifest Information in the shaded areas UNIFORM HAZARDOUS 2. Page 1 is not required by Federal Document No. A D. O. 8 .6 5 T O O O 5 WASTE MANIFEST Generator's Name and Mailing Address A.State Manifest Document Number Douglas Aircraft Co. 492410 190th & Normandie Ave. B.State Generator's ID Torrance, CA 90502 Generator's Phone ( 213-533-6677 Transporter 1 Company Name 6. US EPA ID Number C.State Transporter's ID AD008302903 011 Solvent Process Co. D.Transporter's Phone 3 Transporter 2 Company Name US EPA ID Number E.State Transporter's ID F.Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID Oil Solvent Process Co. 1704 W. 1st Street H.Facility's Phone [C A D 0. 0.8.3 0 2 9 0 3. Azusa, CA 91702 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Unit No. Type Waste No. Wt/Vo E a. N Waste 1,1,1, Trichloroethane ORM-A UN2831 001 TT E 911 b. T 0 R c. d. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above Trichloroethane 1,1,1, 100% 15. Special Handling Instructions and Additional Information Guide #44 DOT- E-7476 Use gloves, goggles, respirator B L H 01444 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year <u>Donald C. Gerber</u> 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year DWW. 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year ER 19. Discrepancy Indication Space MA 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Date Printed/Typed Name Signature Month Day

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